



December 5, 1985

Environmental Protection Agency  
Permits Branch  
Box 8127  
Boston, Ma. 02114

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COMPLIANCE BRANCH

Gentlemen:

Attached are weekly readings of the incoming city water pH taken by our laboratory. In most instances the pH of the incoming city water exceeds the maximum allowable value on our NPDES permit.

We submit this data in explanation of the high average and maximum pH values shown on our six-month report.

Yours very truly,

A handwritten signature in dark ink, appearing to read "Robert A. Gell".

Robert A. Gell  
Facilities Engineering Manager

RAG/r  
att.

DatepH City Water1985

2 Jan	9.0
6 Jan	8.6
9 Jan	8.7
12 Jan	8.8
16 Jan	8.4
24 Jan	9.1
30 Jan	8.5
6 Feb	9.4
13 Feb	9.0
21 Feb	9.4
1 Mar	9.4
7 Mar	8.7
13 Mar	9.2
20 Mar	9.1
29 Mar	8.9
3 Apr	9.1
11 Apr	8.2
17 Apr	9.1
24 Apr	9.1
1 May	9.2
8 May	9.0
15 May	9.3
22 May	9.3
29 May	9.0
5 Jun	8.4
12 Jun	8.3
19 Jun	8.2
26 Jun	8.8
10 Jul	8.9
17 Jul	8.5
24 Jul	8.6
1 Aug	9.0
21 Aug	9.2
28 Aug	8.4
4 Sep	8.6
11 Sep	8.6
18 Sep	7.8
25 Sep	8.4
3 Oct	8.4
10 Oct	8.8
16 Oct	8.6
24 Oct	8.2
30 Oct	8.5
6 Nov	8.5
13 Nov	9.0
20 Nov	8.6
27 Nov	8.7
4 Dec	8.9

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-R0273

Facility or discharge location

e THE ACUSHNET CO., RUBBER DIVISION, PLANT "B"  
eet 744 Belleville Avenue  
y New Bedford  
te/Zip code Ma. 02745

see INSTRUCTIONS on back

Remarks CONSULTANTS

TIBBETTS ENGINEERING LABORATORY  
210 Deane Street  
New Bedford, Ma. 02746

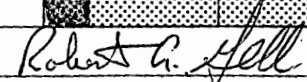
Telephone number (including area code) (617) 997 - 2811

IA	0003913	001
ST	PERMIT NUMBER	DIS

REPORTING PERIOD: FROM 8/5/05 TO 8/5/05

\* THE 12 OPEN BUCKET GRAB SAMPLES WERE COLLECTED  
OVER THE SAMPLING DAY, AND EXAMINED, THEN  
COMBINED INTO ONE COMPOSITE SAMPLE FOR ANALYSIS

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			CONCENTRATION										
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
FLOW	REPORTED	0.308	0.534	0.690	M.G.P.	0							1/30	NA	
	PERMIT CONDITION												1/30		
OIL & GREASE	REPORTED	0.85	3.77	9.27	lbs/Day	1							1/30	GRAB*	
	PERMIT CONDITION												1/30	GRAB*	
T.S.S.	REPORTED	3.0	5.1	6.8	lbs/Day	0							1/30	GRAB*	
	PERMIT CONDITION												1/30	GRAB*	
Cr (Total)	REPORTED						<0.05	<0.06	0.1	mg/l	0		1/30	GRAB*	
	PERMIT CONDITION							<0.3					1/30	GRAB*	
C.O.D.	REPORTED						3.3	10.5	16.3	mg/l	0		1/30	GRAB*	
	PERMIT CONDITION												1/30	GRAB*	
P <sub>h</sub>	REPORTED						7.5	8.42	10.0	std-units	2		12/30	GRAB	
	PERMIT CONDITION						6.5		8.0				12/30	GRAB	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Jepson, John W.			General Manager			8/5/05				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

INSTRUCTIONS FOR COMPLETING  
DISCHARGE MONITORING REPORT

Read these instructions before completing form:

After reading and understanding instructions and forms, please return acknowledgement card.

Sampling and testing procedures should follow those published in 40 C.F.R. 136. These are basically Standard Methods or EPA procedures.

Forms should be completed in triplicate for each discharge with copy each for EPA, state and your records. If the state requires a more frequent submittal than EPA, collate EPA's copies and send as required.

Enter permittee name and facility address, PERMIT NUMBER, discharge number and reporting period. (A separate page is required for each discharge.)

For each parameter monitored during the reporting period, (either as a requirement of the permit or for own information) summarize the data as required in the permit and complete the form as follows:

1. Parameter column - list parameter name.
2. Enter minimum, average and maximum values for quantity and/or concentration under appropriate column headings.
  - a. If frequency is once per month or less, enter the one value under average and leave minimum and maximum blank.
  - b. lb/day (pounds per day) equals flow (in million gallons per day) times concentration (in mg/l) times 8.34.  
Example:  $2.5 \text{ MGD} \times 30 \text{ mg/l BOD} \times 8.34 = 625.5 \text{ lb BOD/day}$
  - c. MGD equals gallons per minute times 1440.
3. Enter units as appropriate.

MGD - million gallons per day  
lb/day - pounds per day  
mg/l - milligrams per liter  
SU - standard units for pH  
°F - degrees fahrenheit  
kg/day - kilograms/day =  $\frac{\text{lb/day}}{2.2}$   
(other units may be used as necessary)
4. Specify the number of samples that exceeded the maximum (and/or minimum, as appropriate) in the columns "NO. EX." If none, enter "0". If there are any violations, send a letter of explanation.
5. Specify frequency of analysis as number of analyses/number days (3/7 is three analyses per every 7 days, 1/7 is weekly, 1/30 is once a month, 30/30 is daily, 1/90 is quarterly & 1/180 is semiannually) If continuous, enter "CONT"
6. Specify sample type ("grab" or "hr. composite")  
If frequency was continuous enter "NA."

Indicate person or laboratory performing analytical work under Remarks.

Print name and title of person responsible for monitoring and reporting and sign and date the form.

Mail state copy to appropriate state agency and EPA copy to

Environmental Protection Agency  
Permits Branch  
Box 8127  
Boston, MA 02114

When supply of forms will be exhausted within 2 months, send reorder form or reproduce forms yourself.

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